

20/504711

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Application Data Sheet

Application Information

Application number:: Unknown
Filing Date:: June 26, 2006
Application Type:: Regular
Title:: COMPACT ORONASAL
PATIENT INTERFACE
Attorney Docket Number:: 4398-555
Total Drawing Sheets:: 58
Small Entity?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Aaron
Family Name:: DAVIDSON
City of Residence:: Newport
Country of Residence:: New South Wales, Australia
Street of mailing address:: c/o ResMed Limited, 1 Elizabeth MacArthur Drive
City of mailing address:: Bella Vista
Country of mailing address:: New South Wales,
Australia
Postal or Zip Code of mailing address:: 2153
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Michael
Family Name:: GUNARATNAM
City of Residence:: Marsfield
Country of Residence:: New South Wales, Australia

Street of mailing address::	c/o ResMed Limited, 1 Elizabeth MacArthur Drive
City of mailing address::	Bella Vista
Country of mailing address::	New South Wales, Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Susan
Family Name::	LYNCH
City of Residence::	Epping
Country of Residence::	New South Wales, Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth MacArthur Drive
City of mailing address::	Bella Vista
Country of mailing address::	New South Wales, Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Milind
Family Name::	RAJE
City of Residence::	Wentworthville
Country of Residence::	New South Wales, Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth MacArthur Drive
City of mailing address::	Bella Vista
Country of mailing address::	New South Wales, Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia and Britain

Status::	Full Capacity
Given Name::	Gary
Family Name::	ROBINSON
City of Residence::	East Killara
Country of Residence::	New South Wales, Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth MacArthur Drive
City of mailing address::	Bella Vista
Country of mailing address::	New South Wales, Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Steven
Family Name::	LUBKE
City of Residence::	Stanmore
Country of Residence::	New South Wales, Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth MacArthur Drive
City of mailing address::	Bella Vista
Country of mailing address::	New South Wales, Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Gregory
Family Name::	SMART
City of Residence::	Randwick
Country of Residence::	New South Wales, Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth MacArthur Drive
City of mailing address::	Bella Vista

Country of mailing address::	New South Wales, Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Philip
Family Name::	KWOK
City of Residence::	Chatswood
Country of Residence::	New South Wales, Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth MacArthur Drive
City of mailing address::	Bella Vista
Country of mailing address::	New South Wales, Australia
Postal or Zip Code of mailing address::	2153
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Rupert
Family Name::	SCHEINER
City of Residence::	Davidson
Country of Residence::	New South Wales, Australia
Street of mailing address::	c/o ResMed Limited, 1 Elizabeth MacArthur Drive
City of mailing address::	Bella Vista
Country of mailing address::	New South Wales, Australia
Postal or Zip Code of mailing address::	2153

Correspondence Information

Correspondence Customer Number::	23117
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Representative Information

Representative Customer Number:: 23117

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An Application claiming the benefit under 35 USC 119(e)	60/533,214	12/31/2003

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
		DAY/MONTH/YEAR	
PCT	PCT/AU2004/001832	24 December 2004	Yes

Assignee Information

Assignee Name::	ResMed Limited
Street of mailing address::	1 Elizabeth MacArthur Drive
City of mailing address:	Bella Vista
Country of mailing address::	New South Wales, Australia
Postal or Zip Code of mailing	2153
Address::	